Casse: 11 1166-ccv/00666885 Doorcumeentt#: 61 FFileed: 0076/224/1166 Pragge 11 off 66 Pragge ID ## 313

ILED 7/22/2016

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF ILLINOIS **EASTERN DIVISION**



RECEIVED

Jarrel Whitlock	JUN 2 4 2016 R III - 24-14 MP THOMAS G. BRUTON CLERK, U.S. DISTRICT COURT
(2)	The coord
(Enter above the full name of the plaintiff or plaintiffs in this action) vs. Thomas J Dart	1:16-cv-6685 Cas Judge Elaine E. Bucklo (To Magistrate Judge Sidney I. Schenkier PC7
	
Enter above the full name of ALL defendants in this action. Do not use "et al.")	
CHECK ONE ONLY:	
/	
✓ COMPLAINT UNDER THI	E CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or n	nunicipal defendants)
COMPLAINT UNDER THE	CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Cod	
OTHER (cite statute, if know	m)
	NT, PLEASE REFER TO "INSTRUCTIONS FOR

I.	F	Plaintiff(s):
	Α	Name: Jarrel whitlack
	В	. List all aliases:
	C.	Prisoner identification number: 20150324105
	D.	Place of present confinement:
*	E.	Address: P.O. Box 089002
	nui	there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.I mber, place of confinement, and current address according to the above format on arate sheet of paper.)
П.	(In	Tendant(s): A below, place the full name of the first defendant in the first blank, his or her official ition in the second blank, and his or her place of employment in the third blank. Spacewo additional defendants is provided in B and C .)
	A.	Defendant: Thomas J Dart
		Title: Cook county Sheriff
		Place of Employment: Cook County Sheriff office
	B.	Defendant:
		Title:
		Place of Employment:
	C. '	Defendant:
		Title:
3		Place of Employment:
	(If you	u have more than three defendants, then all additional defendants must be listed ing to the above format on a separate sheet of paper.)

A.	Name of case and docket number:
B.	Approximate date of filing lawsuit:
C.	List all plaintiffs (if you had co-plaintiffs), including any aliases:
D.	List all defendants:
E.	Court in which the lawsuit was filed (if federal court, name the district; if state coname the county):
F.	Name of judge to whom case was assigned:
3 .	Basic claim made: N/A

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. COPLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

whom this May Concern eighth amendment humane Conditions Person rather tree or detain Security level detained my Personal

at risk with being housed around maximum security level detainers
as it must be noted division one was a Maximum Security level
building during the time it was open till the building being closed at which
time when the building was open and of me being housed there I was
at risk of inlury from detainer's with charges that classify them as
maximum level detainees. I would like to close this following.
Claim with the acknowledgment that all of the following Statements,
dates, and facts are accurate to my experiences in Cook county
department of corrections division one housing facility.

5 Revised 9/2007

v.	Relief:
	State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.
Con	n asking for Prin and suffering dramages Punitive damages and appensatory damages
VI.	The plaintiff demands that the case be tried by a jury. NO NO
	CERTIFICATION
	By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.
	Signed this June day of 7, 2016
	Savrel Whitlock
	(Signature of plaintiff or plaintiffs)
	(Print name)
	20150324105
	(I.D. Number)
	P.O. Box 089002 Chicago IL LOGOT

(Address)